

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-002189	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 446 Primary Registration District No. 3026 Registrar's No. 46											
FILED JAN 30 1962											
1. PLACE OF DEATH a. COUNTY Jackson						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence						Length of stay in 1b DOA		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanitarium						Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 16305 E. 40 Hi-Way		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PHILIP ELBERT PAGE						4. DATE OF DEATH Month Day Year January 23 1962					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/25/1900		9. AGE (last birthday) 61		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Milan, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME James R. Page				13b. MOTHER'S MAIDEN NAME Adda Cherry				14. NAME OF HUSBAND OR WIFE Edythe Page			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I				16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Kansas City, Missouri Edythe Page, 16305 E. 40 Hiway					
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>Acute Myocardial Infarction</u> DUE TO (c) <u>Acute Coronary Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <u>7/26/61</u> <u>7/26/61</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <u>7/26/61</u> to <u>1/23/62</u> and last saw him alive on <u>1/23/62</u> Death occurred at <u>3:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>C. J. E. [illegible]</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>808 S. 15th Blue Springs Mo</u>		22c. DATE SIGNED <u>1/31/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 26, 1962		23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City		23e. STATE Missouri			
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo						25. DATE RECD. BY LOCAL REG. 1-25-62		26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1962  
FEB 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman W. Lathrop

Licensed Embalmer No. 4889

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.